

 University Health™	Policy #: Rad Proc 13.14.20
SUBJECT: CT Abdomen Enteroclysis 6.20	Effective: 10/2013 Reviewed: 03/07/2017
APPROVED BY: Body Imaging Medical Director	Page 1 of 2

Purpose: To provide computed tomography staff with the required protocol for performing CT CE Enteroclysis

Scope: All adult patients 18 years and older.

Clinical Indication: Small Bowel Disease

Patient Preparation: Oral* (by Enteroclysis tube in diagnostic radiology)

Orientation: Feet first

Breathing: Inspiration

Oral Contrast: VoLumen via the tube

IV Contrast per Weight: 1ml/lb or 2ml/kg not to exceed 150ml injected @ 4ml/sec

Coverage: Dome of diaphragm through iliac crest

Anatomic Reference: Xiphoid process;

Scan Delay: Fixed Delay

Group 1: Fixed delay 75 seconds dome of diaphragm through iliac crest

Scan Mode	Thickness Speed Pitch	Table Interval	SFOV	kVp	Auto mA/ Noise Index	Prep Time (sec)	Recon Type
LS 16 0.8 sec Helical Full	5 27.50 1.375:1	5	Large	120	80-440 11.5	75 sec	Standard
VCT 0.8 sec Helical Full	5 55.00 1.375:1	5	Large	120	80-600 11.5	75 sec	Standard
AS 64 0.5 sec Helical	4.8 1	4.8	360	120	Ref MAS 250	75 sec	Standard

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Algorithm: Recon 1 & 2 Standard

Reformation: 2.0 Sagittal and Coronal reformations

Network: Recon 1 (5mm) to PACS. Recon 2 (1.25) auto transmit to AWSERV

Notes: Auto mA must be on and mA table checked prior to scanning. ** Include non-contrast images when requested by Radiologist. If there is an aneurysm put Smart Prep cursor in aneurysm at largest part.**

- 1. Tube will be placed in Diagnostic Imaging and patient will be brought to CT scan room. Radiologist will give patient VoLumen via the tube while patient is on the CT table.**
- 2. Sagittal and coronal reformations on entire abdomen and pelvis.**
- 3. No delay images.**